

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



RECEIVED
Date Received
Office Use Only

MAR 1 2012

BY: B. J. H.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Pan Richard

1. Office, Agency, or Court

Agency Name

CA State Assembly

Division, Board, Department, District, if applicable

Your Position

Assembly District 5

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.
- or -
The period covered is ____/____/____, through December 31, 2011.
☐ **Leaving Office:** Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2011 through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 10

- ☒ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached
- or -
☐ None - No reportable interests on any schedule

contained herein and in any attached schedules is true and complete. I acknowledge
I certify under penalty of perjury under the laws of the State of California that I

Date Signed 3/1/2012
(month, day, year)

Signature

Schedule A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Richard Pan</u>

➤ NAME OF BUSINESS ENTITY
Hewlett Packard

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/_____ 2 / 28 / 11
ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY
Home Depot

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/_____ 2 / 28 / 11
ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/_____ 2 / 28 / 11
ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/_____ ____/____/_____
ACQUIRED DISPOSED

Comments: Value of Cisco Systems stock fell below \$2,000 during the reporting period.

Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Richard Pan

1. BUSINESS ENTITY OR TRUST

Wang PAN California Properties, LLC

Name

1778 Itasca Ave., Sacramento, CA 95835

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Real Property Investment

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

ACQUIRED

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☒ Co-owner

Other

YOUR BUSINESS POSITION Member

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☒ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ Over \$100,000

☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

Wen-Li Wang DDS, Inc.

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☒ REAL PROPERTY

4136 E. Commerce Way

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Sacramento, CA 95834

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

ACQUIRED

DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

4. (cont.)

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

4. (cont.)

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

Comments:

Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Richard Pan

1. BUSINESS ENTITY OR TRUST

Wen-Li Wang DDS, Inc.

Name
4136 E Commerce Way #100 Sacramento, CA 95834

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Dental Services

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

ACQUIRED

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☒ Community Property

Other

YOUR BUSINESS POSITION Secretary of Corporation

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☒ Over \$100,000

☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

See Attached List

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☒ REAL PROPERTY

4136 E. Commerce Way

Name of Business Entity, If Investment, or

Assessor's Parcel Number or Street Address of Real Property

Sacramento, CA 95834

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☒ Leasehold 6

Yrs. remaining

☐ Other

4. (cont.)

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, If Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

4. (cont.)

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, If Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

Comments:

**Investments, Income, and Assets
of Business Entities/Trusts**
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Richard Pan

► 1. BUSINESS ENTITY OR TRUST

Wen-Li Wang DDS, Inc.

Name

4136 E Commerce Way #100 Sacramento, CA
95834

Address (Business Address Acceptable)

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME/LOANS OF \$10,000 OR MORE

Patient information is confidential under Health Insurance Portability and Accountability Act of 1996 ("HIPPA"). To the best of my knowledge, I have not and will not make, participate in making, or in any way attempt to use my official position to influence a governmental decision when to do so constituted or would constitute a violation of Government Code section 87100 et seq. (See Donovan Advice Letter, FPPC, A-11-156)

Schedule D

Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Richard Pan

NAME OF SOURCE

Asian American Education Institute

ADDRESS (Business Address Acceptable)

P.O. Box 188858 Sacramento, CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Voter Education and Civic Engagement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/12/11	\$ 55.08	Breakfast
6/7/11	\$ 48.19	Breakfast
/ /	\$	

NAME OF SOURCE

BayBio

ADDRESS (Business Address Acceptable)

889 Prospect St., #220 La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit trade association for life science

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/1/11	\$ 118.11	Reception and dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

California Dental Association

ADDRESS (Business Address Acceptable)

1201 K Street, 14th Flr. Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional dental organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/3/11	\$ 118.42	Concert, food, and beverage
/ /	\$	
/ /	\$	

NAME OF SOURCE

California Healthcare Institute

ADDRESS (Business Address Acceptable)

888 Prospect Drive, #220 La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Organization for biomedical research.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/1/11	\$ 118.11	Reception and dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

California New Car Dealers Association

ADDRESS (Business Address Acceptable)

1415 L St. #700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association of new car and truck dealers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/29/11	\$ 107.52	Reception and dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

California Rice Political Action Committee

ADDRESS (Business Address Acceptable)

455 Capitol Mall, #600 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/9/11	\$ 229.74	Dinner
/ /	\$	
/ /	\$	

Comments:

Schedule D

Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Richard Pan

➤ NAME OF SOURCE

Consumer Attorneys of California

ADDRESS (Business Address Acceptable)

770 L St., #1200 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Organization of attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/27/11	\$ 50.81	Dinner
/ /	\$	
/ /	\$	

➤ NAME OF SOURCE

California Building Industry Association

ADDRESS (Business Address Acceptable)

1215 K St., #1200 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Homebuilder trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/26/11	\$ 101.62	Dinner
/ /	\$	
/ /	\$	

➤ NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st St., #200 Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/8/11	\$ 117.09	Caucus dinner
3/30/11	\$ 86.82	Dinner
/ /	\$	

➤ NAME OF SOURCE

Farmers Group, Inc.

ADDRESS (Business Address Acceptable)

1201 K St., #1200 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance Management Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/12/11	\$ 57.65	Reception
/ /	\$	
/ /	\$	

➤ NAME OF SOURCE

John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)

777 S. Figueroa St., #4050, LA, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/8/11	\$ 10.00	Beverages served at caucus dinner
2/9/11	\$ 84.30	Jacket
/ /	\$	

➤ NAME OF SOURCE

State Building and Construction Trades Council

ADDRESS (Business Address Acceptable)

1225 8th St., #375 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Improvements in construction industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/7/11	\$ 62.19	Dinner
/ /	\$	
/ /	\$	

Comments:

Schedule D

Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Richard Pan

➤ NAME OF SOURCE

UC Davis Health System

ADDRESS (Business Address Acceptable)

4800 2nd Ave., #2100, Sacramento, CA 95817

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/ 4/11	\$ 310.00	Dinner and business awards

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

➤ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

➤ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

➤ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

➤ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

➤ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	

Comments: _____

Schedule E

Income - Gifts Travel Payments, Advances and Reimbursements

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Richard Pan

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE
American Academy of Pediatrics
ADDRESS (Business Address Acceptable)
141 NW Point Blvd.
CITY AND STATE
Elk Grove Village, IL 60007
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Membership/Medical Organization
DATE(S): / / - / / AMT:\$ 933.00
(If gift)
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Served as delegate to American
Medical Association conference/meeting

NAME OF SOURCE
American Medical Association (AMA)
ADDRESS (Business Address Acceptable)
515 N. State St.
CITY AND STATE
Chicago, IL 60654
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Membership/Medical organization
DATE(S): / / - / / AMT:\$ 2113.00
(If gift)
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Attended meeting as a member of
the AMA council on Medical Education

NAME OF SOURCE
California Dental Association (1)
ADDRESS (Business Address Acceptable)
1201 K Street, 14th Floor
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Membership/Advocacy organization
DATE(S): 5/12/11 - 5/12/11 AMT:\$ 812.08
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

NAME OF SOURCE
California Dental Association (2)
ADDRESS (Business Address Acceptable)
1201 K Street, 14th Floor
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Membership/advocacy organization
DATE(S): 5/12/11 - 5/13/11 AMT:\$ 613.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: 1-Not subject to gift limit per GC 89506(a)(1), 2-Not subject to gift limit per

GC 89506 (a)(1)

Schedule E

Income - Gifts Travel Payments, Advances and Reimbursements

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Richard Pan

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

➤ NAME OF SOURCE
California Issues Forum (3)
ADDRESS (Business Address Acceptable)
1717 I Street
CITY AND STATE
Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Nonprofit organization
DATE(S): 12 / 12 / 11 - 12 / 14 / 11 AMT:\$ 390.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

➤ NAME OF SOURCE
California Issues Forum (4)
ADDRESS (Business Address Acceptable)
1717 I Street
CITY AND STATE
Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Non profit organization
DATE(S): 8 / 19 / 11 - 8 / 19 / 11 AMT:\$ 25.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

➤ NAME OF SOURCE
Sierra Sacramento Valley Medical Society (SSVMS)
ADDRESS (Business Address Acceptable)
5380 El Vias Ave., #101
CITY AND STATE
Sacramento, CA 95819
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Membership/Medical organization
DATE(S): / / - / / AMT:\$ 1034.00
(If gift)
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Served as a SSVMS delegate to
CA Medical Association conf/mtg

➤ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): / / - / / AMT:\$
(If gift)
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: 3-Not subject to gift limit per GC 89506(a)(1), 4-Not subject to gift limit per

GC 89506(a)(1)